

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Chief of Criminal Appeals Illinois Attorney General's Office 100 W. Randolph St., 12th Fl. Chicago, IL 60601 08 CV 4257		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No RECEIVED JUL 31 2008 Office of the Attorney General	
2. Article Number (Transfer from service label)		3. Service Office Services <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		7006 0100 0001 7312 6783	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

UNITED STATES POSTAL SERVICE


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

United States District Court (08cv4257)
Northern District of Illinois
219 S. Dearborn St., 20th Fl.
Chicago, IL 60604
RECEIVED**AUG 07 2008**

FILED
AUG 07 2008 PH
AUG 7, 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT.

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT